

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: 515-281-3701
www.iowa.gov/ethics

2007 DEC 10

EXP: 9520

Reset Form

FORM-GBG

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or	Glenwood Resource Center	
Mailing Address	711 South Vine Street	
Area Code & Telephone	Glenwood, Iowa 51534	ip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Name	AMERICAN LEGION AUXILIARY
Mailing Address	PO BOX 140, LESTER IA 51242
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	11-16-07	Amount/Value*	\$ 100.00
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".			

Provide a description of the gift, bequest, or grant and purpose thereof:

CASH DONATION - "X-MAS GIFTS"

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Lisa Messinger
Signature

12-6-07
Date

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2007 DEC 10 AM 9:20

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or	Glenwood Resource Center	
Mailing Address	711 South Vine Street	
Area Code & Telephone	Glenwood, Iowa 51534	ip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Name	AMERICAN LEGION AUXILIARY
Mailing Address	720 LYONS ST. DES MOINES IA 50309
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	11-15-07	Amount/Value*	\$ 50.00
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".			

Provide a description of the gift, bequest, or grant and purpose thereof:

DONATION DEPOSITED FOR "CLIENT ACTIVITIES"

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Luth Messinger
 Signature

12-6-07
 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or	Glenwood Resource Center	
Mailing Address	711 South Vine Street	
Area Code & Telephone	Glenwood, Iowa 51534	ip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Name	AMERICAN LEGION AUXILIARY	
Mailing Address	1550 380 th ST ROYAL IA 51357	
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	11-19-07	Amount/Value*	\$ 50.00
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".			

Provide a description of the gift, bequest, or grant and purpose thereof:

1 CUBSCOUT HAT, MAGIC SLATES, ETC
P10 CHECK - "CLIENT ACTIVITIES" & ASSORTED PUZZLES, COLOR BOOKS

Criteria to use this form:

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Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Lark Moxner
Signature

12-6-07
Date

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510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or	Glenwood Resource Center	
Mailing Address	711 South Vine Street	
Area Code & Telephone	Glenwood, Iowa 51534	ip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Name	AMERICAN LEGION AUXILIARY #703	
Mailing Address	BRIDGEWATER, IA 50837	
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	Amount/Value*
11-30-07	\$ 80.00

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

80 FEET X-MAS STOCKING DECORATIONS @ \$1.00

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Luik Messinger
Signature

12-6-07
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or	Glenwood Resource Center	
Mailing Address	711 South Vine Street	
Area Code & Telephone	Glenwood, Iowa 51534	ip Code _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Name	AMERICAN LEGION AUXILIARY	
Mailing Address	720 LYON ST DES MOINES IA 50309	
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	Amount/Value*
11-27-07	\$ 50.00

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

2nd DONATION - "CLIENT ACTIVITIES"

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Auth. Messenger
Signature

12-6-07
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or	Glenwood Resource Center	
Mailing Address	711 South Vine Street	
Area Code & Telephone	Glenwood, Iowa 51534	ip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Name	AMERICAN LEGION AUXILIARY #164	
Mailing Address	BEDFORD, IA 50833	
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	12-3-07	Amount/Value*	\$ 20.00
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".			

Provide a description of the gift, bequest, or grant and purpose thereof:

DONATION CHECK - "CLIENT ACTIVITIES"

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Linda Messinger
Signature

12-6-07
Date